

Date: [Date]

To: [Instructor/Proctor Name]

From: [Disability Services Office/Coordinator Name]

Subject: Testing Accommodation: Accessible Materials for [Student Name]

Dear [Instructor Name],

This letter serves as official notification that [Student Name] (ID: [Student ID]) is registered with our office and is eligible for testing accommodations regarding accessible course materials for the following course: [Course Name/Number].

To ensure equal access, all examination materials (including exams, quizzes, and supplemental charts/images) must be provided in the following format(s):

- [Insert format, e.g., Screen-reader accessible PDF]
- [Insert format, e.g., Large print (Specify font size)]
- [Insert format, e.g., Braille or Tactile Graphics]
- [Insert format, e.g., Audio/MP3]

Action Required:

Please provide a digital or master copy of the upcoming assessment to the [Disability Services Office] at least [Number] business days prior to the scheduled exam date. This allows sufficient time for conversion and quality assurance testing.

If the exam involves visual elements such as diagrams, graphs, or images, please provide descriptive "Alt-Text" or a written summary that conveys the essential information of the visual.

If you have questions regarding the implementation of this accommodation or need assistance with document formatting, please contact [Contact Name/Email/Phone].

Thank you for your cooperation in ensuring an accessible learning environment.

Sincerely,

[Your Name]

[Your Title]

[Department Name]